

Rec'd PCT/PTO 04 NOV 2005

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Attorney Docket Number <u>70027880.0010</u> First Named Inventor <u>HAYWOOD, Rachel Mary</u> Title <u>Method and Apparatus for Determining Effectiveness of Sunscreens and other Skin Preparations in Shielding Human Skin from UVA Radiation</u> <div style="text-align: center; margin-top: 10px;">COMPLETE IF KNOWN</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"><input type="checkbox"/> Declaration Submitted with Initial Filing</td> <td style="width: 70%; padding: 5px;"><input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)</td> </tr> <tr> <td style="padding: 5px;">OR</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Application Number</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Filing Date</td> <td style="padding: 5px;"><u>April 29, 2005</u></td> </tr> <tr> <td style="padding: 5px;">Group Art Unit</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Examiner Name</td> <td style="padding: 5px;"></td> </tr> </table>	<input type="checkbox"/> Declaration Submitted with Initial Filing	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	OR		Application Number		Filing Date	<u>April 29, 2005</u>	Group Art Unit		Examiner Name	
<input type="checkbox"/> Declaration Submitted with Initial Filing	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)												
OR													
Application Number													
Filing Date	<u>April 29, 2005</u>												
Group Art Unit													
Examiner Name													

As the below named Inventor(s), I [we] hereby declare that:

My [our] residence, mailing address, and citizenship are as stated below next to my [our] name[s].

I [we] believe I [we] am [are] the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR DETERMINING EFFECTIVENESS OF SUNSCREENS AND OTHER SKIN PREPARATIONS IN SHIELDING HUMAN SKIN FROM UVA RADIATION

The specification of which

is attached hereto; OR was filed on (MM/DD/YYYY) 10/28/2003 as United States Application No. or PCT International

I (We) hereby state that I (We) have reviewed and understood the contents of the above-identified specification, including the claims, as

I [We] acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT

I [We] hereby claim domestic priority benefits under 35 U.S.C. 119(e); 37 C.F.R. 1.76(b)(4) of any U.S. application(s) for patent(s) listed below and have also identified below, by checking the box, any U.S. application having a filing date before that of the application on which

Prior U.S. Application Number(s)	Filing Date

I [we] hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, Inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International publication which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, Inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	NO
0225408.4 PCT/GB03/04637	UK WO	10/31/2002 10/28/2003		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign or U.S. application numbers are listed on a supplemental priority data sheet attached hereto:

Direct all correspondence to: Customer # **26263** OR Correspondence address below:

Name			
Address			
City	State	ZIP	
Country	Telephone	Fax	

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION AND
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT (cont.)**

I [we] hereby appoint the
 Practitioners at Customer Number:

26263

OR

Practitioner(s) named below:

	Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

I am the:

Applicant/inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE OF Assignee of Record (If applicable):

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name

Signature

Date

SIGNATURE of Inventor:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

A petition has been filed for this unsigned Inventor

Given Name (first and middle [if any])	Rachel Mary	Family Name or Surname	HAYWOOD
Inventor's Signature	<i>Rachel Haywood</i>	Date	<i>2/11/05</i>
Residence: City	<i>PINNERTON</i>	State	<i>C. Dk</i>
		Country	<i>UK</i>
Mailing Address	c/o RAFT Trustees Ltd., The Leopold Muller Building, Mount Vernon Hospital, Northwood		
City	Middlesex	State	Zip HA6 2RN
			Country UK

NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned Inventor

Given Name (first and middle [if any])	Peter	Family Name or Surname	WARDMAN
Inventor's Signature	<i>P. Wardman</i>	Date	<i>12 NOV 2005</i>
Residence: City	<i>AMERSHAM</i>	State	<i>BUCKS</i>
		Country	<i>ENGLAND</i>
Mailing Address	c/o Gray Cancer Institute, Mount Vernon Hospital, Northwood		
City	Middlesex	State	Zip HA6 2JR
			Country UK

NAME OF THIRD INVENTOR:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Roy	Family Name or Surname	SANDERS
Inventor's Signature	<i>R. Sanders</i>	Date	<i>1 Nov. 05</i>
Residence: City	<i>LONDON</i>	State	<i>UK</i>
		Country	<i>UK</i>
Mailing Address	c/o RAFT Trustees Ltd., The Leopold Muller Building, Mount Vernon Hospital, Northwood		
City	Wiltshire	State	Zip HA6 2RN
			Country UK

NAME OF FOURTH INVENTOR:

A petition has been filed for this unsigned Inventor

Given Name (first and middle [if any])	Clare	Family Name or Surname	LINGE
Inventor's Signature	<i>C. Linge</i>	Date	<i>3 Nov 05</i>
Residence: City	<i>LONDON</i>	State	<i>UK</i>
		Country	<i>UK</i>
Mailing Address	c/o RAFT Trustees Ltd., The Leopold Muller Building, Mount Vernon Hospital, Northwood		
City	Middlesex	State	Zip HA6 2RN
			Country UK